

Team Nutrition Mini-grant application -CACFP

Due no later than _____

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| TN Team Leader(s) | Position | Program | Address | phone | e-mail |
|--|----------|---------|--|-------|--------|
| | | | | | |
| | | | | | |
| Other TN Team members | | | | | |
| Administrator | | | Food service representative | | |
| Nurse | | | Health care provider | | |
| Parent | | | Community representative (include organization name) | | |
| Community representative (include organization name) | | | Other (please describe) | | |

Budget - Identify items to be purchased and estimated costs. (2 points)

| Classroom supplies | Cost | Staff time | Cost | Food | Cost |
|------------------------------|-------|----------------------------------|-------|-----------|-------|
| | | | | | |
| | | | | | |
| | total | | total | | total |
| Equipment | Cost | Office (printing, postage, etc.) | Cost | Equipment | Cost |
| | | | | | |
| | | | | | |
| | total | | total | | total |
| Total Amount Requested _____ | | | | | |

Check the assessment tool you used to identify your needs.

Program Name _____

___ *Setting the Stage*

___ School Health Index (available at <http://apps.nccd.cdc.gov/shi/>)

___ Other (please describe): _____)

Check Team Nutrition education channels covered by your Team Nutrition plan (1 point per channel or component checked- 6 possible)

Team Nutrition Education Channels

| Classroom | Center-wide | Food service | Family | Community | Media |
|-----------|-------------|--------------|--------|-----------|-------|
| | | | | | |

1. What were the priorities identified in your needs assessment and how do the proposed activities address them? (2 points)

2. Describe activities you plan to conduct with the mini-grant and how they support the four Team Nutrition messages. (2 points)

Program Name_____

3. How will the items listed in the budget support these activities? (2 points)

4. (BONUS POINTS - OPTIONAL) Describe Team Nutrition activities planned for the community using in-kind support, over and above activities supported with the mini-grant (2 points)

If you are implementing the Team Nutrition curriculum as part of your plan, you may also request one free module while supplies last. Please check the module you are requesting: Pre-K and Kindergarten_____ grades 1-2_____ grades 3-5_____ middle school_____

I understand that as a condition of our program receiving this mini-grant, I will submit a brief description of the activity funded by the grant and submit receipts for payment of expenses.

(Sponsor representative - print name)

(Sponsor representative - signature)

Date signed

**Send completed application to: Janet Wendland, Consultant
Bureau of Nutrition Programs and School Transportation
Grimes State Office Building
Des Moines, IA 50319-0146**